

Psychotherapeutic and Psychological Services

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New Client Intake Information

1. Please describe your reasons for seeking treatment at this time. If there is a particular event which triggered your decision to seek treatment now, please list the event:

2. When did you first have this question, concern, or problem?

3. Have you ever sought assistance for this question, concern, or problem from other professionals? If so, please indicate from whom, when and for how long you were involved.

4. List any psychiatric medications you are currently taking:

5. List any significant medical conditions or health problems:

6. What is your current thinking regarding the most likely influences or causes of the concern or problem in question?

7. What result(s) do you expect from treatment?

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